

APR 26 2006

Atty Docket No. 022203-000100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner

Group Art Unit 3624

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Gerald G. Lyman, Application No. 10/799,944, filed March 11, 2004 for REAL ESTATE FINANCE INSTRUMENT are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: April 26, 2006


Jeanette Olivera

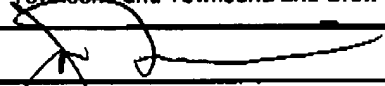
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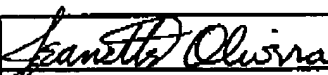
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 303-571-4000
Fax: 303-571-4321
0360

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PTO/SB/21 (09-04)

| | | | |
|--|------------------------|------------------|--|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/799,944 | RECEIVED CENTRAL FAX CENTER APR 26 2006 |
| | Filing Date | March 11, 2004 | |
| | First Named Inventor | Lyman, Gerald G. | |
| | Art Unit | 3624 | |
| | Examiner Name | Unassigned | |
| | Attorney Docket Number | 022203-000100US | |
| Total Number of Pages in This Submission | | 2 | |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent |
| Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Townsend and Townsend and Crew LLP | |
| Signature |  | |
| Printed name | Thomas D. Franklin | |
| Date | 4/26/06 | Reg. No. 43,818 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|--|---|---------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on | | |
| Signature |  | |
| Typed or printed name | Jeanette Oliveira | Date April 26, 2006 |

60757864 v1

PTO/SB/83 (01-08)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------|
| Application Number | 10/799,944 |
| Filing Date | March 11, 2004 |
| First Named Inventor | Gerald G. Lyman |
| Art Unit | 3624 |
| Examiner Name | Unassigned |
| Attorney Docket Number | 022203-000100US |

**RECEIVED
CENTRAL FAX CENTER****APR 26 2006****To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**


NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At the request of the client.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

| | | | |
|--|---|------------------|----------------|
| <input type="checkbox"/> Firm or Individual Name | Gerald G. Lyman | | |
| Address | 27221 Ortega Highway, Suite 342 | | |
| City | San Juan Capistrano | State CA | Zip 92675 |
| Country | US | | |
| Telephone | | | Email |
| Signature |  | | |
| Name | Thomas D. Franklin | Registration No. | 43,616 |
| Date | 4/26/06 | Telephone No. | (303) 571-4000 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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